

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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2015 DEC -2 PM 4: 12

WEBSTER, DRUMMOND

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☐ Yes ☒ No
(check one)

N.Y.P.D. 105 pct
QUEEN VILLAGE QNS N.Y.

15CV 9459

10-25-15

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

WEBSTER, DRUMMOND

ID #

441 15 08012

Current Institution

V.C.B.C. 1 HALLECK ST Bx N.Y.

Address

1 HALLECK ST Bx NEW YORK N.Y.
10474

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

TRANSPORT
OFFICER

Defendant No. 1

Name

Shield #

Where Currently Employed

N.Y.P.D.

105 pct

Address

QUEEN VILLAGE

QNS N.Y.

TRANSPORT OFFICER

Defendant No. 2

Name _____ Shield # _____
 Where Currently Employed N.Y.P.D. 105 PCT
 Address QUEEN'S VILLAGE QNS N.Y.

TRANSPORT OFFICER

Defendant No. 3

Name _____ Shield # _____
 Where Currently Employed N.Y.P.D. 105 PCT
 Address QUEEN'S VILLAGE QNS N.Y.

TRANSPORT OFFICER

Defendant No. 4

Name _____ Shield # _____
 Where Currently Employed N.Y.P.D. 105 PCT
 Address QUEEN'S VILLAGE QNS N.Y.

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
JAMAICA HOSPITAL TO THE 105 PCT QUEEN'S VILLAGE
- B. Where in the institution did the events giving rise to your claim(s) occur?
FROM THE PATED CAR TO THE HOLDING CELL
AT THE 105 PCT
- C. What date and approximate time did the events giving rise to your claim(s) occur?
9-26-15 DID NOT HAVE IDEA OF TIME
DURING MY TRANSFER FROM HOSPITAL
TO THE 105 PCT I WAS HURT & INJURED
TIME WASNT MY CONCERN.

D. Facts: I WEBSTER DRUMMOND WAS ASSAULTED BY OTHER. 9-25-15. AND TAKEN TO JAMAICA HOSPITAL TREATED AND DISCHARGED I WASNT ABLE TO WALK.

What happened to you?

THE TWO OFFICERS WHO TRANSPORTED ME THE FIRST TIME DRAGGED ME FROM PATROL CAR INTO PCT. (105) CAUSING INJURY TO MY RIGHT LEG HIP & KNEE. ALSO I WAS HANDCUFFED BEHIND MY BACK THEY HALF-WAY DRAGGED ME CAUSING CUTS TO MY WRIST AND INJURY TO MY SHOULDER. I WAS HOUSED IN A CELL WITH NO TOILET WHEN I ASK TO USE THE BATHROOM I WAS IGNORED. MY NOSE STARTED BLEEDING AND I WAS TAKEN BACK TO JAMAICA HOSPITAL BY TWO FEMALE OFFICERS. WHEN I WAS DISCHARGED AGAIN THE FEMALE OFFICERS MANHANDLED ME INTO THE 105 PCT. WHILE CURSING AT ME ALSO WITH NO REGARD TO MY INJURIES AND ADDING TO MY INJURIES

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. (RIGHT) LEG HIP KNEE.

(BOTH WRIST) CUTS
(LEFT SHOULDER) DISLOCATED BRUISED
I'M RECEIVING TREATMENT FOR MY (RT) LEG

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). TEN Million Dollars

are seeking and the basis for such amount). TEN Million Dollars
\$ 10,000,000 xx

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ~~X~~ No

**On
these
claims**

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff WEBSTER DRUMMOND

Defendants N.Y.P.D. 113TH PCT

2. Court (if federal court, name the district; if state court, name the county) NEW YORK

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No X

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) NY JUDGE \$1500

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No X

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No X

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 25 day of OCTOBER, 2015

Signature of Plaintiff

Inmate Number

Institution Address

W.D.
441 15 08012
V.C.B.C. 1 HALLACK ST
BRONX NEW YORK
NEW YORK N.Y.
10474

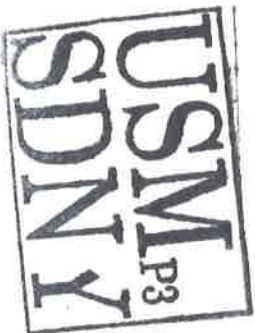
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 25 day of OCTOBER, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

W.D.

U.D. DUNNOND 441-15-08012
V.C.B.C. 11411565 ST
BROUX NEW YORK
N.Y. 10474



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UNITED STATES DISTRICT COURT
Southern District of New York
500 PEARL STREET N.Y.
NEW YORK N.Y. 10007-1312

NEW YORK NY 100
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